

* *Corrected Copy*

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-28	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 7, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

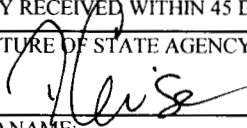
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.57 & 447.200-205	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$1,556.58 b. FFY <u>2004</u> \$6,752.77
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 4.b., Pages 10 & 11 Attachment 4.19-B, Item 4.b., Page 4, 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Pages) None (New Page)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to establish early intervention services for infants and toddlers with disabilities under the EPSDT program.**

11. GOVERNOR'S REVIEW (Check One):

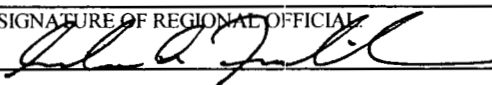
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: Frederick P. Cerise, M.D., M.P.H.	
14. TITLE: Secretary	
15. DATE SUBMITTED: August 9, 2004 <i>26 September, 2003</i>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 29 SEPTEMBER 2003	18. DATE APPROVED: 31 AUGUST 2004
--	---

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7 July 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

* Pen + Ink Change to show corrected 179 w/ pages received on 8/20/04

FORM HCFA-179 (07-92)

* Pen + Ink Change to correct to original submission date

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

CITATION Medical and Remedial
42 CFR Care and Services
441.57 Item 4.b (Cont'd)

EPSDT Early Intervention Services

The Bureau of Health Services Financing (BHSF) establishes early intervention services for Medicaid eligible infants and toddlers ages birth to three years.

Covered Services

Medicaid covered early intervention services shall include the following services:

physical therapy-rehabilitative services necessary for the treatment of illness or injury, or restoration and maintenance of function affected by illness or injury. Services provided by or under the direction of a licensed qualified physical therapist.

occupational therapy-treatment to improve or restore a function which has been impaired by illness or injury, or when the function has been permanently lost or reduced by illness or injury, to improve the ability to perform those tasks required for independent functioning. Services provided by or under the direction of a licensed qualified occupational therapist.

speech therapy-services necessary for the diagnosis and treatment of communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills. Services provided under the direction of a licensed qualified speech pathologist or audiologist.

audiology services-diagnostic, screening, preventive, or corrective services provided by or under the direction of a licensed qualified audiologist or physician.

psychological services-include diagnosis/evaluation and psychological counseling/therapy for the child and his/her family provided by a licensed physician, psychiatrist, psychologist or certified school psychologist.

SUPERSEDES: NONE - NEW PAGE

STATE	Louisiana
DATE	9-29-03
DATE	8-31-04
DATE	7-7-03
HCFA ITS	03-28

TN# 03-28 Approval Date 8-31-04 Effective Date 7-7-03
Supersedes: NONE - NEW PAGE
TN# _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

Services must be included on the child's IFSP to be reimbursed as an early intervention service.

Provider Qualifications

Therapists and/or audiologists must meet qualifications established in 42 CFR 440.110.

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-29-03</u>
DATE APP'D	<u>8-31-04</u>
DATE EFF	<u>7-7-03</u>
HCFA 179	<u>03-28</u>

SUPERSEDES: NONE - NEW PAGE

TN# 03-28 Approval Date 8-31-04 Effective Date 7-7-03

Supersedes
SUPERSEDES: NONE - NEW PAGE
TN# _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 4.b., Page 4

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial
42 CFR Care and Services
447.201 Item 4.b. (Cont'd)

III. EPSDT Early Intervention Services

For infants and toddlers ages birth to three years, rates paid for physical therapy, occupational therapy, speech therapy, audiology services, and psychological services are as follows:

Natural Environment (Home & Community)

Speech/Language Therapy Evaluation	\$84.00
Speech/Language Therapy Hourly Rate	\$84.00
Group Therapy Hourly Rate	\$84.00
Physical Therapy Evaluation	\$84.00
Physical Therapy Hourly Rate	\$84.00
Occupational Therapy Evaluation	\$84.00
Occupational Therapy Hourly Rate	\$84.00
Psychological Evaluation	\$84.00
Individual Counseling Hourly	\$84.00
Group Counseling Hourly	\$28.00
Family Counseling Hourly	\$84.00

Special Purpose Facility

Speech/Language Therapy Evaluation	\$72.00
Speech/Language Therapy Hourly Rate	\$72.00
Group Therapy Hourly Rate	\$72.00
Physical Therapy Evaluation	\$72.00
Physical Therapy Hourly Rate	\$72.00
Occupational Therapy Evaluation	\$72.00
Occupational Therapy Hourly Rate	\$72.00
Psychological Evaluation	\$72.00
Individual Counseling Hourly	\$72.00
Group Counseling Hourly	\$24.00
Family Counseling Hourly	\$72.00

Center Based Special Purpose Facility

Speech/Language Therapy Evaluation	\$69.00
Speech/Language Therapy Hourly Rate	\$69.00
Group Therapy Evaluation	\$69.00
Physical Therapy Evaluation	\$69.00

SUPERSEDES: NONE - NEW PAGE

STATE	Louisiana
DATE RECD	9-29-03
DATE APPROV	8-31-04
DATE EFF	7-7-03
HCFA 179	03-28

TN# 03-28 Approval Date 8-31-04 Effective Date 7-7-03

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 4.b., Page 5

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Physical Therapy Evaluation	\$69.00
Physical Therapy Hourly Rate	\$69.00
Occupational Therapy Evaluation	\$69.00
Occupational Therapy Hourly Rate	\$69.00
Psychological Evaluation	\$69.00
Individual Counseling Hourly	\$69.00
Group Counseling Hourly	\$23.00
Family Counseling Hourly	\$69.00

SUPERSEDES. NONE - NEW PAGE

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-29-03</u>
DATE APP	<u>8-31-04</u>
DATE EFF.	<u>7-7-03</u>
HCFA 179	<u>03-28</u>

TN# 03-28 Approval Date 8-31-04 Effective Date 7-7-03
Supersedes
~~TN#~~ SUPERSEDES. NONE - NEW PAGE